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A Transgender and Gender Diverse Critique of LGBTQ+ Economics

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Abstract

Interest in transgender and gender diverse people has increased in the last decade in the U.S., Canada, Latin America, and Europe because of increasing visibility and more inclusive surveys. The current literature in economics displays a degree of cisgender bias which can blind researchers and result in transphobic research questions and analysis. In this paper, I discuss how researchers benefit from engaging in a dialogue with trans and gender diverse people, the most common biases researchers hold, the results of those biases, and I propose future paths researchers should explore.

1 Introduction

Research into the economic experiences of transgender and gender diverse (TGD) people has been on the rise in the past decade as a result of more inclusive survey questions¹ and greater

*I wrote this article from my perspective as a transfeminine economist. I encourage everyone to pursue perspectives from other trans and gender diverse people because we all have unique experiences and perspectives. I want to thank Deirdre McCloskey for paving the way for someone like me. You can contact me at olivia.compton@afacademy.af.edu.

[†]The views expressed in this article, book, or presentation are those of the author and do not necessarily reflect the official policy or position of the United States Air Force Academy, the Air Force, the Department of Defense, or the U.S. Government.

¹The Behavioral Risk Factor Surveillance Systems (BRFSS) started asking about gender identity in 2014(*Years Survey Included Sexual and Gender Minority (SGM)-related Questions, 2024*)

TGD visibility². While this is a welcome development, researchers have not always done their due diligence resulting in research questions that utilize TGD people to answer questions about cisgender people³, using outdated language, misinterpreting results, demonstrating a poor understanding of intersectionality, expressing surprise at results that TGD people find unremarkable, etc. In one extreme case, research into the economic outcomes of TGD people was used as justification for closing Johns Hopkins Gender Identity Clinic in 1979 (Brody, 1979)⁴. While it can be tempting to say that things have gotten better and current research will not be used to justify such outcomes, it still happens. In 2024, the UK government made it illegal to prescribe gonadotropin releasing hormone analogues (GnRHa or puberty blockers) to trans youth outside of National Health Service (NHS) clinical trials (*2024 No. 727, n.d.*) as a result of the Cass Review⁵ (Siddique, 2024). In the same month this ban was issued, Dr. Hilary Cass, the lead author of the review, suggested that economic outcomes for trans youth should be considered when deciding whether to provide them gender affirming care, demonstrating a poor understanding of the lived experience of TGD people in a cisgender world (Scheimer et al., 2024).

It is crucial that researchers develop and maintain their language for and cultural knowledge of TGD people to prevent further marginalization and the perpetuation of harmful practices, stereotypes, and generalizations. Doing so requires engaging in good faith with TGD communities, addressing their needs and priorities, and greeting criticism with humility. In turn, researchers will benefit from being able to ask more informed questions, engage

²Laverne Cox's 2014 appearance on the cover of Time Magazine, aptly titled "The Transgender Tipping Point," put a spotlight on TGD people in the U.S. (Steinmetz, 2014). Revisions in the past decade to existing laws in Canada, the UK, and Germany had a similar effect (Murphy, 2016; Strick, 2022; Women and Equalities Commission, 2016).

³Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Burn and Martell (2022), Shannon (2022), and Campbell et al. (2023) use trans people to estimate the effects of labor market discrimination on cis women.

⁴Past research practices were transphobic (Wiegand, 2021) fostering distrust between TGD people and the scientific community (Owen-Smith et al., 2016; Staples et al., 2018).

⁵Dr. Hilary Cass and her team were tasked with conducting the Independent Review of Gender Identity Services for Children and Young People by the NHS in 2020. The final report and interim reports along the way display a stunning degree of cis-supremacy that researchers should avoid (Horton, 2024).

with a wider range of topics that cisnormativity⁶ otherwise erases, and avoid wasting time and resources on topics that are not important or have already been answered within the community. One final word of caution. Do not burden your TGD friends, family, colleagues, and acquaintances with the work of educating you. Putting in the work is a sign that you care about them which will make them more willing to engage with you.

Terminology

The average person reading this may be unfamiliar with some of the words I am using, their context, or the nuance surrounding them. These are the most foundational terms, while others will be introduced when they are relevant.

Assigned Sex at Birth - At birth, a doctor looks at a baby's genitalia and decides whether they are male (M) or female (F) with this designation appearing on the baby's birth certificate. This single action sets off a cascade of fantasies⁷ in the minds of parents, family, friends, and acquaintances that impact how each of us is treated, but sex and gender are neither binary nor immutable. Intersex people are born with characteristics of both sexes, and once people get to a certain age, they are able to alter their primary and secondary sex characteristics.

Gender Identity - Everyone has an internal sense of what gender they are. For instance, there are Eurocentric cultural expectations and gender performances associated with man/woman or boy/girl, and some feel right/wrong or come more/less naturally than others. Other cultures may have a wider array of gender identities. Importantly, while gender may be socially constructed, one's gender identity is not.

Transgender (*trans*) - A person whose gender identity is incongruent with their assigned

⁶The assumption that cisgender people are the default and TGD people are abnormal, exceptions to the rule, or should be categorized based on their assigned sex at birth

⁷When you learn someone's assigned sex at birth, you almost certainly imagine who they were, who they are, and who they will be.

sex at birth⁸. Starting or completing social or medical transition is not required to be trans⁹. A transgender woman¹⁰ was assigned male at birth but identifies as a woman. A transgender man was assigned female at birth but identifies as a man; however, some trans people do not identify with binary man or woman.

Non-Binary (*enby*¹¹) - A person whose gender identity is incongruent with their assigned sex at birth, and they do not identify as either a man or a woman. Some non-binary people identify as being under the trans umbrella while some do not.

Gender Diverse (*GD*) - A person whose gender identity and relationship to their sex assigned at birth is more complicated than Eurocentric conceptions of sex and gender. For instance, a xenogender person has a gender identity that is untethered from man/woman while an agender person does not have any gender identity. There are so called third gendered people who do not easily map to western ideas of gender despite past and present colonial and imperial efforts to force them into the transgender box. This includes tribe specific two-spirited people indigenous to North America, South American travesti, Indian Hijra, filipino baklâ, Samoan fa'afafine, and many more. None of these groups identity as trans. Rather, they are often forced into a trans box.

Cisgender (*cis*) - A person whose gender identity is congruent with their assigned sex at birth. Do not use the phrase non-transgender which implies that there a trans people and

⁸*Transsexual* has fallen out of wide use because of it's negative sexual and historical connotations and its exclusion of those who do not/cannot get gender affirming surgery. It should not be used to describe someone unless they use it to describe themselves. *Transvestites* and queens are not transgender by definition contrary to how Schilt and Wiswall (2008) and Carpenter et al. (2022) use the terms (Granberg et al. (2020) hint at this perspective as well). A trans person can be a transvestite or a queen, but neither group is necessarily trans. The history associated with both terms is messy and complicated (Gill-Peterson, 2024), so I will leave it there for simplicity.

⁹Carpenter et al. (2022) incorrectly state that "Unfortunately, the Household Pulse does not include questions about when the individual began their gender affirmation process, what steps-if any-they have taken to affirm their gender, or their ability to "pass" as their current gender. Thus, we refer to these individuals as "transgender women," but strictly speaking it is more accurate to say that they are individuals who were assigned male at birth but who identify as female." TGD people do not owe anyone order or Eurocentric binary conformity

¹⁰The space between *trans* and *woman* is important. A trans woman is a type of woman, not a completely different gender category. The space is often left out by bigots to imply that trans women are not women. The same goes for *trans man*.

¹¹*NB* is sometimes used but is discouraged because it traditionally refers to non-black people.

”normal people.” A cisgender woman was assigned female at birth and identifies as a woman. A cisgender man was assigned male at birth and identifies as a man.

Sexual Orientation - The types of people you are sexually and/or romantically attracted to. The terminology used to describe sexual orientation will depend on one’s gender identity, but the underlying sexual orientation is not necessarily unrelated. For instance, a woman attracted to men is straight or heterosexual, a woman attracted to women is a lesbian or homosexual, and a man attracted to men is gay or a homosexual regardless of whether or not one, or both, parties are trans or cis. The relationship between gender identity and sexual orientation are far more complicated among gender diverse groups where separation may not be possible or desirable (Gill-Peterson, 2024).

2 Cisgender Bias

Researchers should be conscious of their own cisgender biases and latent transphobia. For example, researchers should refrain from the cisnormative assumption that cis people are ”normal” or not worth labeling and trans people are ”trans.” Likewise, references to trans people’s birth sex, but not cis people’s birth sex implies that cis people are ”normal” and trans people are not, thus justifying the different treatment trans people receive. Cis researchers should also be aware of how they interpret and project onto TGD people’s lives. A TGD persons life may not be relatable to a cis person assigned the same sex at birth or of the same gender identity. Drawing conclusions about TGD people based on a cis perspective is cis-supremacist because the researcher is implicitly assuming that they can speak on TGD people’s behalf as a cis person. This results in testimonial injustice¹², further marginalizing trans people (Fricker & Jenkins, 2017). Preventing these biases from creeping into your work requires engaging in an ongoing dialogue with transgender and gender diverse researchers and TGD communities. Failure to do so results in transphobic assumptions and conclusions

¹²Epistemic injustice consists of testimonial injustice, reduced credibility given to TGD people and increased credibility given to cis people when speaking about the TGD experience, and hermeneutical injustice, an inability to explain one’s experience due to a lack of common knowledge or shared meaning.

that can cause further harm to already marginalized communities.

2.1 Ungendering

Transgender and *cisgender* are adjectives used to describe someone's gender modality, the relationship between one's gender identity and sex assigned at birth (Ashley et al., 2024). It contains all the pieces someone needs to determine both characteristics of the individual. For examples, let's take apart *trans woman*¹³. First, their current gender identity is woman. Second, their gender modality is trans which implies that they were assigned male at birth. Importantly, their prior male identification is implicit rather than explicit, centering who they are now. As a thought exercise, compare how you approach *trans woman* to how you approach *cis woman*. Their current gender identity is woman and their gender modality is cis which implies that they were assigned female at birth, which may feel inappropriate, invasive, or unnecessary to mention when discussing a cis person. This discomfort stems from the process of *ungendering* someone (Serano, 2022a; Snorton, 2017).

Just as we can gender someone, sorting them into *man* or *woman*, we can ungender someone, stripping them of their gender identity and reducing them to their biology instead of their humanity. Ungendering a cis person can feel inappropriate and like an invasion of privacy, but ungendering a TGD person, especially a TGD person of color, is socially accepted in western society. It's not unusual for someone to mention "he used to be a she" or "Samuel used to be Samantha" or, upon finding out someone is trans, "did you get the surgery?" All of these are an act of ungendering which strips away the trans person's gender identity to focus on their sex at birth, something they do not identify with. If it is inappropriate to ungender a cis person, it is inappropriate to ungender a TGD person. This double standard is transphobic as a result.

In this vein, using the terms *male-to-female* and *female-to-male* or *MTF* and *FTM* to

¹³You can substitute *man* for *woman* and all of the following still applies.

describe trans women and trans men respectively are problematic on several levels¹⁴. First, as described above, these terms put the trans person's sex assigned at birth first and their gender identity last. Do not categorize trans people differently than cis people unless it serves an explicit purpose. Researchers may be interested in the effect of transitioning from one to the other, but the effects of that transition are experienced by the person as they are, not by the person you imagine they were in the past¹⁵. Second, these terms assume that transition has some binary end point. In reality, transition is messy and requires a lot of introspection to figure out who you are and what steps you want to take to affirm your gender identity. Some trans people will opt for hormone therapy alone, forego some surgical options, or not transition at all because they cannot afford to, they worry about social stigma and loss of family, they do not view the benefits as justifying the costs, or they just do not want to. None of these choices make someone more or less trans. This also completely ignores non-binary, genderqueer, and other gender diverse people who do not conform to a Eurocentric gender binary¹⁶. Finally, explicitly mentioning someone's sex at birth reinforces the myth that transgender people are not really who they say they are, that they are deceptive, which can result in real world violence. Accounting for various gender modalities will yield more fruitful research because one can make more appropriate comparisons. For example, someone assigned female at birth could be a trans man or cis man, but if they identify as gender diverse, they could be transfeminine, transmasculine, androgynous, agender, third gender, etc. Each modality will have unique experiences that may be similar to cis/trans men/women, or unique to that modality. Lumping them all

¹⁴As seen in Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Carpenter et al. (2020), Mann (2020), Mann (2021), Carpenter et al. (2022), Shannon (2022), early drafts of Carpenter et al. (2024), and Mann et al. (2024)

¹⁵Sex assigned at birth does not dictate your gender identity or gender expression. Assuming that a trans man was a stereotypical woman until he transitioned is an example of the researcher engaging in pure speculation.

¹⁶Shannon (2022) uses assigned female at birth (AFAB) and assigned male at birth (AMAB) to describe genderqueer and non-binary (GQNB) people. This un genders them, forcing them into a rigid box that is potentially uninformative because of the infinite ways they identify and present. It also shares a history with imperial efforts to erase gender diverse people by reducing them to their sex at birth (Gill-Peterson, 2024).

together muddies the water and makes it harder to determine the effects of policy changes on each.

2.2 Privilege

There are many types of privilege that a person can enjoy by virtue of their birth. A white cisgender heterosexual man enjoys white, cisgender, heterosexual, and male privileges all of which add up to a larger white-cishet-male¹⁷ privilege. A black cishet man faces barriers due to being black as well as some intersectional barriers as a black man in particular, but they also benefit from cishet and male privilege. Figuring out their net privilege is an exercise in futility. Just because someone receives benefits, does not mean those benefits outweigh the losses or vice versa.

Trans women face a complex web of barriers which make analysis less straightforward than some examples from the literature imply¹⁸. A white trans het woman faces transphobia, and sexism, but she benefits from het and white privilege. Because she is a trans woman, we can infer that she was assigned male at birth which some take to mean that she benefited from cis and male privilege, but that requires several assumptions. First, a trans woman who socially transitions¹⁹ at a young age never benefits from male privilege because they were never viewed and treated as a man. Second, trans women often struggle to fit in as men which can result in mental exhaustion and emotional distress. If they fail to adequately fit in, they face bullying and ostracization. In both cases, trans women face barriers that start to nullify male privilege (Serano, 2022a). Third, A trans woman does not benefit

¹⁷Cishet is a common abbreviation for cisgender heterosexual.

¹⁸Schilt and Wiswall (2008) imply that male and female socialization are uniform across men and women respectively. Carpenter et al. (2020, pg. 594) imply that trans women experience male privilege in human capital accumulation and labor market treatment prior to transition simply for presenting as male. Carpenter et al. (2022, pg. 25) improves by using the qualifier "may" before discussions of male advantage and noting the potential for prior gender expression to complicate the results. Similarly, Shannon (2022, pg. 7) does a better job by citing a statistical advantage, referring to "perceived" advantage, rather than a definitive or natal advantage.

¹⁹Social transition refers to changing one's name, pronouns, appearance, social role, etc. Hormonal transition refers to taking puberty blockers and/or cross-sex hormones which does not occur until the start of puberty at the earliest.

from cisgender privilege because they are not cisgender even if they are presenting as their birth sex²⁰. They do not face direct transphobia, but they can still suffer psychological harm associated with indirect transphobia and cisgender bias as well as harm from a general sense of confusion and alienation that stems from living in a cisgender world that denies trans people the language needed to understand and explain their experiences²¹. Some will also assume that a heterosexual trans woman will benefit from het privilege, but this is complicated as well. First, het trans woman who transition as adults may have faced homophobia prior to transition because they may have identified as a gay man. Second, trans women are often viewed as gay men regardless of sexual orientation, so they still face homophobia as trans women. It is not clear from all of this what degree of privilege this trans women experiences, and this is before we consider intersectionality.

Trans women face transmisogyny, which Julia Serano (2007) defines as occurring at the intersection of transphobia and misogyny resulting in increased scrutiny of trans women and trans-feminine people compared to cis women and trans men. Trans women are subject to traditional sexism because they are viewed as women, and femininity is treated as inferior to masculinity in a patriarchal society, and oppositional sexism because they are simultaneously viewed as men who are not doing the things men are supposed/allowed to do. In essence, trans women are seen as transitioning the wrong direction and thus undermining the patriarchal axiom that masculinity and men are superior to femininity and women²². This axiom requires heavy policing resulting in feminine boys being bullied and brought in

²⁰Serano (2022b) offers the following though exercise: "What if I were to tell you a story of a young cis girl whose parents raised her as a boy against her will. And, after many grueling years of pretending to be male in order to survive, she finally reclaimed her female identity upon reaching adulthood. How might that story make you feel? You'd likely feel fear and sympathy on her behalf, wouldn't you? The mental image of her having to navigate misogynistic male-only settings, and living with the constant threat of what might happen if she were accidentally "found out" for who she really is, would likely seem horrifying to you, wouldn't it? That's how my childhood felt to me. I often describe it in terms of me being forced against my will into boyhood; many other trans women and trans femmes have shared similar accounts. It was fucking awful. Traumatic. Despite all the misogyny and transphobia I've experienced since coming out as a trans woman, those closeted "pretending to be a straight boy" days were far far worse. To borrow from my opening anecdote: You couldn't pay me enough to go back to that."

²¹Fricker and Jenkins (2017) calls this hermeneutical injustice.

²²Trans men are ignored or erased because it is considered logical to want to be masculine or a man; however, they are infantilized as "silly girls" trying to be men or get away from misogyny.

for counseling at higher rates than masculine girls, trans women being pathologized at higher rates, and trans women being the subject of most transphobic jokes and violence.

All of these privileges and barriers considered, if a trans women experiences a 30% reduction in her income after transitioning, what fraction is due to her being trans vs. a woman? It is difficult to say²³. To claim that she had the same experience as a cisgender man requires a leap of logic. There are reasons to believe she did not accumulate the same level of human capital²⁴, and any social capital accumulated may have come with lower mental health which can affect human capital accumulation and productivity. Focusing on her sex assigned at birth erases her experiences and reflects a failure on the researcher's part to account for their own cisgender bias.

2.3 Passing Privilege

Passing is a contentious topic in the trans community. While it does allow one to lead a safer life in hostile world, it erases one's identity and enforces strict standards on everyone. For starters, only those with resources and favorable genetics can pass, which often means one appears cis according to western standards of masculinity and femininity which itself has close ties to colonialism. This results in extra scrutiny and transphobia directed at non-white people regardless of their gender modality. Passing also erases the existence of TGD people reinforcing cisnormativity. Transphobia and cisgender bias can only be undone if one is forced to grapple with the existence of TGD people and what that means for your world view. As the saying goes in transgender circles, "cis people only see the trans people who do not pass." They will not take on the task of self-reflections if they do not have to. Then there are gender diverse people who do not pass because there is no set standard for how they should appear or the standard does not fit the Eurocentric mold. Passing as a binary gender can be dysphoric when you do not share that identity, and it can erase local cultural

²³This does not include further complications such as transmisogynoir which effects black trans women specifically nor the greater freedom women and girls have to explore their gender expression and emotions

²⁴Carpenter et al. (2024) uses cis siblings as controls based on the assumption that all siblings accumulate the same human capital or have the same opportunity to do so.

complexity and traditions. At the same time, it can be safer to do so, just as it can be safer for binary trans people.

For those with the resources required to pass, medical care is still largely reserved for cis het people. Doctors are not trained on how to care for transgender people, let alone gender diverse people. Even if TGD people can find competent doctors willing to work with them, they often run into barriers getting care approved by their insurance or state run medical system (AMA & GLMA, 2019). For example, many insurers and national health systems do not cover or authorize facial reconstruction procedures which play a role in the ability to pass²⁵. Insurers who do cover the procedure will still put up a fight before authorizing care if they ever do²⁶. If you find a doctor willing to prescribe hormones and they are covered by insurance, your pharmacist can still refuse to fill the prescription requiring you to find an alternative pharmacy which may be inconvenient. Some patients do not have the time or stamina to deal with finding a doctor and pharmacy, driving hours to get care, and fighting their insurance. Barriers their cis peers do not encounter when pursuing the same care²⁷.

In all of the studies I reviewed, researchers relied on self-reported passing to conclude that trans men have an easier time passing than trans women²⁸. In the 2015 U.S. Transgender Survey, trans men and trans women reported rarely or never being recognized as trans 61% of the time and 47% respectively (S. James et al., 2016). The corresponding numbers in the

²⁵Testosterone has masculinizing effects on the jaw, chin, brow ridge, and orbital ridge. Transfems often pursue feminization procedures to reduce the effects of testosterone while trans masc people will pursue masculinization procedures to emulate the masculinizing effects of testosterone, but all of these procedures are prohibitively expensive. My own insurance paid the hospital \$64,000 for my jaw reduction, something I could never afford otherwise.

²⁶My insurer covered the procedure on paper, but they only agreed to pay after I provided letters from my primary care physician, the doctor performing the procedure, and my counselor in addition to a detailed treatment plan and a signed surgical consent form (usually you sign this the day of surgery). This took about 1 month of back and forth phone calls with everyone involved

²⁷In *Gordon v. Aetna Life Insurance Company* (2024), three trans women allege that their health insurance provider discriminated against them based on sex because their pre-authorizations and claims were denied while the same procedures were approved for cis women

²⁸Schilt and Wiswall (2008), Geijtenbeek and Plug (2018), Mann (2021), Shannon (2022), Carpenter et al. (2024) all allude to the relative ease of passing for trans men.

2008-09 National Transgender Discrimination Survey are 58% and 50% (Grant et al., 2011)²⁹. In both cases, there are a substantial number of people who do not subjectively pass. The results are likely skewed because men are seen and treated as the default gender (Bailey et al., 2019, 2020). If someone is unsure how to respond to someone, their subconscious will default to treating them as a man. For instance, when greeting someone, you may default to "sir." This can give a false perception that trans men are passing more often and trans women are passing less often³⁰. On average, trans women initiate hormone therapy 8 years later than trans men, but the average ages are still in the 20s and 30s (Leinung & Joseph, 2020), so there is limited reason to believe that differences in bone structure play a role in passing. There has been a steady decline in the average age of transition, so if the age gap stays the same, trans men may pass more easily on average as a result of more congruent bone structure. As a result of these biases, estimates of the effects of passing may be biased downward in magnitude.

2.4 Institutional Barriers

TGD people face additional barriers in spaces that are sex segregated or only available to one sex due to prejudice, ignorance, and/or rigidity. Some of the issues they face don't neatly fit into a cis het box resulting in a lack of or ill-fitting services. Other times, TGD people are put in contact with prejudiced individuals who may respond with violence. These barriers exist in homeless and domestic violence services, medical care, prisons, and other social services and assistance funds.

Trans people are three times more likely to experience homelessness than their cis peers (Wilson et al., 2020). Unfortunately, homeless shelters and services are sex segregated leaving TGD people in a tough position. If they stay on the streets, they may face violence,

²⁹Both surveys are disproportionately white, and the USTS skews toward higher income brackets while the NTDS skews toward lower income brackets. The NTDS allowed for offline completion of the survey while the USTS did not, imposing a barrier for those in lower income brackets.

³⁰Anecdotally, trans women remind each other not to take getting "sir'ed" too personally because of this default. I've also been reminded of this by my speech therapist.

but if they stay in a shelter, they may also face violence if they are forced to shelter with people based on their sex at birth or are roomed with transphobic people. Even if they find a shelter that is inclusive of TGD people, many shelters do not accept people who engage in sex work (Faye, 2022, Ch. 4), but sex work has long been one of the only spheres where TGD people can be their authentic selves and make a living without the gender binary being forced upon them by societal and capitalist forces (Gill-Peterson, 2024). If a TGD person is on the streets because of family rejection³¹, housing discrimination³², and/or economic precarity³³, it is more likely they experience idiosyncratic economic shocks, and makes it more difficult for them to recover from both idiosyncratic and systemic economic shocks compared to cisgender people.

Domestic violence is treated as a women's issue with cis women cast as victims and cis men cast as perpetrators (Rollè et al., 2018). This gives cis women privilege (in a way) when seeking domestic violence services. TGD people are not viewed as women or victim enough to access these services because any degree of masculinity codes them as men (Faye, 2022, Ch. 1). If services are available to them, they are often miscast as "deserving" it, or providers have difficulty understanding how domestic violence can occur outside of a cis relationship resulting in substandard care. Because of aforementioned alienation from family, it is harder to leave an abusive relationship, altogether putting TGD people in a precarious position facing violence and particularly intimate partner violence at 2.5 times (Truman & Morgan, 2022) and 1.7 times the rate of cis people respectively (Peitzmeier et al., 2020). These high rates of intimate partner violence impose economic costs on TGD victims through decreased productivity, increased medical expenses, and lost wages (Peterson, Kearns, et al.,

³¹Klein and Golub (2016) find that 31% and 14% of trans people report a medium or high level of family rejection.

³²According to the Movement Advancement Project (2024b), 19 states do not ban housing discrimination on the basis of gender identity. The U.S. Department of Housing and Urban Development interprets the Fair Housing Act's ban on sex-based discrimination to extend to gender identity following the logic of *Bostock v. Clayton County* (2020), but this interpretation still needs to work its way through the courts.

³³S. E. James et al. (2024) report that 18% of trans respondents to the 2022 U.S. Transgender Survey reported being unemployed, 34% reported they were experiencing poverty, and 11% reported losing their job because of their gender identity.

2018; Peterson, Liu, et al., 2018).

There is a long history of transfeminine³⁴ people, especially people of color, being abused and harassed by police and the justice system (Amnesty International Staff, 2005). Following the Indian Rebellion of 1857, British colonial authorities targeted the Hijra population for their non-conformity to British conceptions of men and women to send a signal regarding their authority (Gill-Peterson, 2024). The Stonewall uprising in 1969 was partly the result of New York City police enforcing an anti-mask law dating to the 19th Century (Ryan, 2023). These laws were interpreted as criminalizing cross-dressing which was used to target transfeminine people and butch women. Following Stonewall, police pivoted to using anti-prostitution laws (Yurcaba, 2021). Any transfem seen talking to someone on the street ran the risk of being arrested for prostitution. When transfems are incarcerated, they are often sent to men's prisons where they face high rates of physical and sexual violence (Oparah, 2012). The presumption is that transfems will assault cis women inmates if they have not had gender affirming surgery (nevermind that no one seems as concerned about cis men serving as prison guards). The reality is, they are not more likely to commit violence against cis women in prison (Faye, 2022, Ch. 5). This means that cis women's imagined safety is considered more important than transfem's actual safety. In some cases, transfems are subject to "V-coding" where they are roomed with aggressive and sexually violent inmates as a means of pacifying him or rewarding him for good behavior, both of which keep overall violence down, but result in the transfem inmate being sexually and physically assaulted (Kulak, 2018; Oparah, 2012). All of these factors create an aversion to interacting with the police and the judicial system which further marginalizes TGD and exposes them to exploitation and crime victimization.

In order to get gainful employment, rent an apartment, or get a loan, you usually have to present two forms of ID. Having incongruent documents exposes TGD people to transphobia from others and potentially results in denial of their application. 6 states do

³⁴This includes trans women and anyone who appears to be, is forced to be, or is labeled as a trans woman based on western conceptions of gender.

not allow people to update the gender marker on their birth certificate, and 12 states require proof of gender affirming surgery (GAS) to do so³⁵. For driver’s licenses, 4 states do not allow amendment, and 9 states require proof of GAS, a court order, or an amended birth certificate (Movement Advancement Project, 2024a)³⁶. Bans and additional requirements for amending a birth certificate put TGD people in a difficult situation regardless of which state they live in as they are effectively outed to anyone who sees these document. While workers have civil rights protections related to gender identity under Title VII of the Civil Rights Act of 1964 as interpreted in *Bostock v. Clayton County* (2020), they still face high rates of discrimination in practice (Sears et al., 2024). This is partly a result of how pervasive transphobia and cisgender bias are in addition to the costs of enforcing your own rights. For marginalized workers, having a job is better than a drawn out expensive lawsuit with no guarantee of a satisfactory resolution (Ho, 2023). These protections do not currently extend to housing or credit leaving TGD people to navigate laws state-by-state. Currently, only 23 states prohibit discrimination based on gender identity in housing and 17 states prohibit discrimination in credit³⁷ (Movement Advancement Project, 2024b). Without housing, it is difficult to receive mail or verify identity which can hinder your ability to get a job. Without credit, you may not be able to afford a car which you might need to get to work, further jeopardizing your employment. Even if you manage to keep your job, an idiosyncratic shock could force you to consider taking out a loan to make ends meet, but because they can discriminate against you, the interest rate can be financially crippling assuming they lend to you in the first place. Considering all these barriers, it should not come as a surprise that

³⁵Kansas, Montana, North Dakota, Oklahoma, Tennessee, and Texas do not allow the gender marker to be amended on a birth certificate. Alabama Arizona, Arkansas, Georgia, Iowa, Kentucky, Louisiana, Missouri, Nebraska, New Hampshire, Utah, and Wisconsin require proof of sex reassignment surgery(SRS) to amend the gender marker.

³⁶Florida, Kansas, Tennessee, and Texas do not allow the gender marker to be amended on a driver’s license. Arkansas, Georgia, Iowa, Kentucky, Louisiana, Missouri, Montana, Oklahoma, and South Carolina require proof of (SRS), a court order, or an amended birth certificate to amend the gender marker.

³⁷California, Colorado, Connecticut, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Rhode Island, Vermont, Virginia, and Washington prohibit discrimination based on gender identity in housing and credit while Delaware, Hawaii, Michigan, New Hampshire, Oregon, and Utah only ban discrimination in housing.

samples of TGD people are not random.

TGD people are more likely to be economically disadvantaged, homeless, incarcerated, working in the informal economy, and distrustful of government authorities making attempts to sample them difficult. In addition, 42% of trans people have attempted suicide due to the the harassment, abuse, and emotional trauma associated with being trans in a cis world (Kidd et al., 2023). Researchers need to contextualize the data they are using and the various ways in which they may be under-sampling minority populations. If TGD people are more likely to be homeless, commit suicide, and work in the informal economy because of all the barriers they face before and after transition, then the costs of transitioning are likely higher than estimated. Those who are lucky to have familial support in addition to a high degree of resilience in the face of cisnormativity can still thrive, but others will not. Some commit suicide or fold under the pressure and underachieve. Some get kicked out of their homes and end up on the street. In any case, poorer TGD people are likely under-represented skewing the data towards middle to upper class white TGD people. Any policy predictions should account for how those policies impact homelessness, suicide, sex workers, and other marginalized communities, otherwise, we perpetuate the harms done to them.

3 Conclusion

Employment outcomes for TGD people are important, but there are so many barriers a TGD person faces that can prevent them from ever reaching that point. Stable employment requires stable housing, congruent documentation, access to mental and physical healthcare, and a clean criminal record. High-skilled employment requires education and therefore financial and emotional support. The absence of any of these puts someone at a disadvantage, and the absence of many can be debilitating. Looking at employment outcomes for TGD people misses all of those who fell through the cracks along the way. Imagine a trans or gender diverse child experiencing gender dysphoria. Without gender affirming care or an

affirming environment, this child has a higher risk of depression and suicidal ideation which has negative effects on their educational attainment, limiting their future employment opportunities. Now imagine their family and friends disown them putting them out on the street without shelter or identity documents. As a homeless TGD person, they may have trouble accessing homeless services or they may face violence at the shelter or on the street. They cannot afford to update their identity documents, so, in order to make ends meet, they turn to prostitution where they end up running into the law resulting in a criminal record. Because they lack healthcare, they are put in a prison population that is incongruent resulting in violence against them. Policies that address each of these issues will go a long way to closing the gap between TGD people and their cisgender peers, so rather than focusing on employment outcomes alone, researchers should prioritize analysis of other outcomes and associated policy options.

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